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TRANSMITTAL FORM

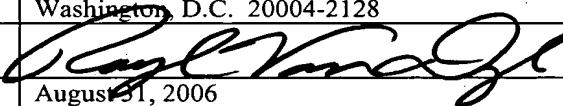
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/931,626
		Filing Date	August 16, 2001
		First Named Inventor	NAIR, Mark
		Group Art Unit	3629
		Examiner Name	Michael J. Fisher
Total Number of Pages in This Submission		Attorney Docket Number	032207-011000

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____	
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Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	<u>Raymond Van Dyke, Reg. No. 34, 746</u> Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	August 31, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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Docket No.: 032207-011000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:) Confirmation No. **3004**
NAIR, Mark)
Serial No. **09/931,626**) Group Art Unit: **3629**
Filed: **August 16, 2001**) Examiner: **Michael J. Fisher**
For: **SYSTEM AND METHOD FOR AN**)
INTERACTIVE SHOPPING NEWS)
AND PRICE INFORMATION)
SERVICE) DATED: August 31, 2006

AMENDMENT

MAIL STOP AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 27, 2006, please amend the above-identified patent application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 15 of this paper.